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Letters to the Editor

Response to "Kanchan and Menezes, Double human bite – A different perspective" [*J Forensic Legal Med* 2009;16:297]

Sir,

I have read Drs Kanchan and Menezes' letter [1] rejecting my proposed sequential mechanism of injury in my original case report. [2]

I have reviewed my contemporaneous case notes and I do not agree either with their hypothesis or conclusions in this case; indeed finding their before-and-after reversed arrow marks on my original photograph facile, unconvincing and superfluous.

I think that it is indeed quite possible that the chicken may come before the egg in other such cases, however its relevance to an interesting pair of bite marks, or whether this adds anything to this, as far as I know unique, *vignette* of confirmed concentric bite marks must remain forever conjectural.

I am also intrigued that this case has come to their attention four years after the date of publication of my original report and I am left wondering what their point is.

Conflict of Interest

None declared.

References

1. Kanchan T, Menezes R. Double human bite – a different perspective. *J Forensic Legal Med* 2009;**16**:297.
2. Bruce-Chwatt R. Double human bite. *J Clin Forensic Med* 2005;**12**:277.

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Male forensic physicians have an important role in sexual assault care. 'A response to "Chowdhury-Hawkins et al. Preferred choice of gender of staff providing care to victims of sexual assault in Sexual Assault Referral Centres (SARCs)" [*J. Forensic Legal Med.* 15 (2008) 363–367]'

Sir,

The study of Chowdhury-Hawkins and colleagues, published in the August 2008 issue of the *Journal*[1] has a number of methodological flaws which we believe invalidate their conclusion that most Sexual Assault Referral Centre (SARC) attendees have a preference for female staff. Of particular note was their finding of an overwhelming preference for a female physician among female victims. In contrast to UK guidelines referred to by Chowdhury-Hawkins et al.[1] in Australia a more liberal attitude is taken to male doctors working in SARCs. In fact, 13% of the membership of Forensic and Medical Sexual Assault Clinicians Australia, the national peak professional body in this field, comprises male forensic physicians. Our collective experience is that female victims may voice concerns regarding a male forensic examiner prior to the examination, but following comprehensive and sensitive medical care by a male doctor they invariably report their experience to be a positive one.

A comparison of British SARC attendance statistics with large population-based samples[2,3] provides an interesting insight into possible consequences of a SARC policy strongly recommending female over male staff. In England and Wales, among over 22,000 participants, 24% of women and 5% of men report a lifetime history of sexual assault.[2] These estimates are strikingly similar to those reported in the Australian Study of Health and Relationships.[4] The most recent British Crime Survey of almost 24,000 respondents from England and Wales estimates that actual or attempted sexual assault is experienced annually by 0.6% of men and 3.1% of women.[3] Thus, approximately one-sixth of British adults who have ever been sexually assaulted are men, and over 16% of British adults experiencing sexual violence each year are men. In contrast, only 5.1% of Chowdhury-Hawkins and colleagues' sample were men, a figure in keeping with a previous publication from the Haven in London which reported that only 6% of almost 700 SARC attendees were men.[5] Such male SARC attendance figures are substantially lower than those expected from more rigorous British population-based statistics. Perhaps these data point to a crucial problem with UK SARC policy: that perpetuating a female staff environment actually discourages male victims from attending acute medical/forensic sexual assault services.

Australian data from 2001/2002 support this assertion. Men account for an average 8% of acute presentations to SARCs in major Australian cities.[6] At this time, the largest sexual assault service in Sydney, the Eastern and Central Sexual Assault Service (ECSAS), employed four male staff members, including three of ten forensic physicians (one employed as the Medical Coordinator) and a male psychologist employed as the Deputy Manager. It is unsurprising

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